**ISW SGO/CONNECTED PERSONS ASSESSMENT NOTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Name(s) of child(ren) to be assessed:** | | | | | |
| **Child’s Full Name** | **Mosaic No** | **Date of Birth** | **Gender** | **Ethnicity** | **Legal Status** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant/s:** | | | | | | |
| **Full Names of Carers** | | **Date of Birth** | **Mosaic No** | | **Relationship to child(ren)** | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **Other Household Members** | |  | | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **Address of Carers** |  | | | | | |
| **Telephone** 🕿 |  | | | **Email** | |  |
| **Child’s Social Worker:** | |  | | | | |
| **Practice Manager:** | |  | | | | |
| **LA Solicitor** | |  | | | | |
| **Email:** | |  | | | | |
| **Name of ISW** | |  | | | | |
| **Email** | |  | | | | |
| **Telephone number** 🕿 | |  | | | | |
| **Referral date** | |  | | | | |
| **Court Filing date** | |  | | | | |

The allocated social work team/solicitor will send the completed notification form to [lisa.north@westsussex.gov.uk](mailto:lisa.north@westsussex.gov.uk) Family and Friends Team administrator when an ISW has been instructed to undertake a SGO/Connected Persons assessment.